DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
10903 New Hampshire Avenue
Document Control Center – WO66-G609
Silver Spring, MD 20993-0002

Sonoscape Company Limited
% Mrs. Toki Wu
Regulatory Affairs Manager
Yizhe Building, Yuquan Road, Nanshan
Shenzhen 518051
P.R. CHINA

January 5, 2015

Re: K142710
Trade/Device Name: S9 Portable Digital Color Doppler Ultrasound System
Regulation Number: 21 CFR 892.1550
Regulation Name: Ultrasonic pulsed doppler imaging system
Regulatory Class: II
Product Code: IYN, IYO, ITX
Dated: September 18, 2014
Received: December 1, 2014

Dear Mrs. Wu:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638 2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Robert A Ochs

Robert Ochs, Ph.D.
Acting Director
Division of Radiological Health
Office of In Vitro Diagnostics
and Radiological Health
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: January 31, 2017
See PRA Statement below.

510(k) Number *(if known)*
K142710

Device Name
S9 Portable Digital Color Doppler Ultrasound System

Indications for Use *(Describe)*
The SonoScape S9 system is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for evaluation of Fetal, Abdominal, Pediatric, Small Organ (breast, testes, thyroid), Cephalic (neonatal and adult), Trans-rectal, Trans-vaginal, Peripheral Vascular, Cerebral Vascular, Musculo-skeletal (Conventional and Superficial), Cardiac (neonatal and adult), Trans-esoph.(Cardiac), Laparoscopic, OB/Gyn and Urology.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.

FOR FDA USE ONLY

Concurrence of Center for Devices and Radiological Health (CDRH) *(Signature)*

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

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"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

Diagnostic Ultrasound Indications for Use Form

System: SonoScape S9
Diagnostic Ultrasound Pulsed Echo System
Diagnostic Ultrasound Pulsed Doppler Imaging System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	P	P	P		P	P	Note 1	Notes 2,4,5
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4,5
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic	N	N	N		N	N	Note 1	Notes 2,4
	Pediatric	P	P	P		P	P	Note 1	Notes 2,4
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6,7
	Neonatal Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Adult Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	P	P	P		P	P	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)	P	P	P		P	P	Note 1	Notes 2,4,5
	Other (Urology)	P	P	P		P	P	Note 1	Notes 2,4
Cardiac	Cardiac Adult	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Cardiac Pediatric	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P	N	P	P	Note 1	Notes 2,4
	Cerebral vascular			N					

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Division of Radiological Health
Office of *In Vitro* Diagnostic and Radiological Health

510(k) _____K142710_____

Diagnostic Ultrasound Indications for Use Form

Transducer: C322 Curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	P	P	P		P	P	Note 1	Notes 2,4
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)	P	P	P		P	P	Note 1	Notes 2,4
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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510(k) _____K142710_____

Diagnostic Ultrasound Indications for Use Form

Transducer: C344 Curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	P	P	P		P	P	Note 1	Notes 2,4
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)	P	P	P		P	P	Note 1	Notes 2,4
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: C353 Curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	P	P	P		P	P	Note 1	Notes 2,4
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)	P	P	P		P	P	Note 1	Notes 2,4
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Office of *In Vitro* Diagnostic and Radiological Health

510(k) _____K142710_____

Diagnostic Ultrasound Indications for Use Form

Transducer: C542 Curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	P	P	P		P	P	Note 1	Notes 2,4
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix
Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD
Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents
Note 3: TDI Note 4: 3D Note 5: 4D
Note 6: Small Organ: breast, thyroid, testes
Note 7: Elastography

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Office of *In Vitro* Diagnostic and Radiological Health

510(k) _____K142710_____

Diagnostic Ultrasound Indications for Use Form

Transducer: VC6-2 Curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal	P	P	P		P	P	Note 1	Notes 2,4,5
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4,5
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)	P	P	P		P	P	Note 1	Notes 2,4,5
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: C613 Micro-curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal	N	N	N		N	N	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	N	N	N		N	N	Note 1	Notes 2,4
	Small Organ (specify)								
	Neonatal Cephalic	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	N	N	N	N	N	N	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix
Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD
Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents
Note 3: TDI Note 4: 3D Note 5: 4D
Note 6: Small Organ: breast, thyroid, testes
Note 7: Elastography

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Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: 2P2 Phase Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal	P	P	P		P	P	Note 1	Notes 2,4
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Adult Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Cardiac Pediatric	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Division of Radiological Health
Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: 3P1 Phase Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	P	P	P		P	P	Note 1	Notes 2,4
	Small Organ (specify)								
	Neonatal Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Adult Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Cardiac Pediatric	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Division of Radiological Health
Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: 5P2 Phase Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	P	P	P		P	P	Note 1	Notes 2,4
	Small Organ (specify)								
	Neonatal Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: 8P1 Phase Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric	P	P	P		P	P	Note 1	Notes 2,4
	Small Organ (specify)								
	Neonatal Cephalic	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: L741 Linear Array

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	Note 1	Notes 2,4
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: L742 Linear Array

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	P	P	P		P	P	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	Note 1	Notes 2,4
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: L743 Linear Array

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	P	P	P		P	P	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	Note 1	Notes 2,4
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: L752 Linear Array

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6,7
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	P	P	P		P	P	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	Note 1	Notes 2,4
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: 10L1 Linear Array

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)	P	P	P		P	P	Note 1	Notes 2,4,6
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)	P	P	P		P	P	Note 1	Notes 2,4
	Musculo-skeletal (Superficial)	P	P	P		P	P	Note 1	Notes 2,4
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel	P	P	P		P	P	Note 1	Notes 2,4
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: 6V1 Micro-curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)	P	P	P		P	P	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: 6V3 Micro-curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)	P	P	P		P	P	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: EC9-5 Micro-curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)	P	P	P		P	P	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: BCC9-5 Micro-curved Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)	P	P	P		P	P	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix
Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD
Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents
Note 3: TDI Note 4: 3D Note 5: 4D
Note 6: Small Organ: breast, thyroid, testes
Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: BCL10-5 Biplane Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-vaginal	P	P	P		P	P	Note 1	Notes 2,4
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)	P	P	P		P	P	Note 1	Notes 2,4
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: MPTEE Phased Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: MPTEE mini Phased Array
Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)	P	P	P	P	P	P	Note 1	Notes 2,3,4
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: CWD2.0

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult				N				
	Cardiac Pediatric				N				
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Diagnostic Ultrasound Indications for Use Form

Transducer: CWD5.0

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric				N				
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel				N				
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Division of Radiological Health

Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

Diagnostic Ultrasound Indications for Use Form

Transducer: PWD2.0

Diagnostic Ultrasound Transducer

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic								
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic			N					
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular			N					

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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(Division Sign Off)

Division of Radiological Health

Office of *In Vitro* Diagnostic and Radiological Health

510(k) _____K142710_____

Diagnostic Ultrasound Indications for Use Form

Transducer: LAP7 Linear Array
Diagnostic Ultrasound Transducer
Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation							
General (TRACK 1 ONLY)	Specific (TRACKS 1 & 3)	B	M	PWD	CWD	Color Doppler	Power (Amplitude) Doppler	Other* Combined	Other* Specify
Ophthalmic	Ophthalmic								
Fetal Imaging& Other	Fetal								
	Abdominal								
	Intra-operative Specify								
	Intra-operative Neuro								
	Laparoscopic	N	N	N		N	N	Note 1	Notes 2,4
	Pediatric								
	Small Organ (specify)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal								
	Trans-vaginal								
	Trans-urethral								
	Trans-esoph.(non-Card)								
	Musculo-skeletal (Conventional)								
	Musculo-skeletal (Superficial)								
	Intravascular								
	Other (Ob/GYN)								
	Other (Urology)								
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Intravascular(Cardiac)								
	Trans-esoph.(Cardiac)								
	Intra-cardiac								
	Other (specify)								
Peripheral Vessel	Peripheral vessel								
	Cerebral vascular								

N = new indication; P = previously cleared by FDA; E = added under this appendix

Note 1: Other Combined includes: B/M; B/PWD; B/THI; M/Color M; B/Color Doppler; B/Color Doppler/PWD; B/Power Doppler/PWD

Note 2: Tissue Harmonic Imaging. The feature does not use contrast agents

Note 3: TDI Note 4: 3D Note 5: 4D

Note 6: Small Organ: breast, thyroid, testes

Note 7: Elastography

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Division of Radiological Health
Office of *In Vitro* Diagnostic and Radiological Health

510(k) K142710

510(k) Summary

1. Submitter [21 CFR807.92 (a) (1)]

Submitter:	SonoScape Company Limited
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Date Prepared	September 18, 2014

2. Device [21 CFR807.92 (a) (2)]

Trade Name:	S9 Portable Digital Color Doppler Ultrasound System
Common Name:	Diagnostic Ultrasound System and Transducers

Classification Regulatory:

	FR Number	Product Code
Ultrasonic Pulsed Doppler Imaging System	892.1550	90-IYN
Ultrasonic Pulsed Echo Imaging System	892.1560	90-IYO
Diagnostic Ultrasound Transducer	892.1570	90-ITX

Classification Panel:	Radiology
Device Class:	II

3. Predicate Device(s) [21 CFR 807.92(a) (3)]

The identified predicate devices within this submission are as follows:

SonoScape S9 Portable Digital Color Doppler Ultrasound System	K131088
SonoScape S8 Exp Portable Digital Color Doppler Ultrasound System	K132768
SonoScape S30 Digital Color Doppler Ultrasound System	K132527
Philips EPIQ Diagnostic Ultrasound System	K132304
Philips CX50 3.0 Diagnostic Ultrasound System	K123754

4. Device Description [21 CFR 807.92(a) (4)]

This SonoScape S9 Portable Digital Color Doppler Ultrasound System is an integrated

preprogrammed color ultrasound imaging system, capable of producing high detail resolution intended for clinical diagnostic imaging applications.

The basic principle is that system transmits ultrasonic energy into patient body and implements post processing of received echoes to generate onscreen display of anatomic structures and fluid flow within the body.

This system is a Track 3 device that employs a wide array of probes that include linear array, convex array and phased array with a frequency range of 2.0 MHz to 15.0 MHz.

This system consists of a portable console with keyboard control panel, power supply module, color LCD monitor and optional probes.

This system is a portable, general purpose, software controlled, color diagnostic ultrasound system. Its basic function is to acquire ultrasound data and to display the image in B-Mode (including Tissue Harmonic Image), M-Mode, TDI, Color-Flow Doppler, Pulsed Wave Doppler, Continued Wave Doppler and Power Doppler, or the combination of these modes, Elastography, 3D/4D.

The subject of this submission is the addition of new indications, new probes and special function to original SonoScape S9.

New indications	Trans-esoph.(Cardiac), Cerebral Vascular and Laparoscopic.
New probes	Add C542, C613, L743, 10L1, 2P2, 3P1, 5P2, 8P1, EC9-5, BCC9-5, BCL10-5, MPTEE, MPTEE mini, CWD2.0, CWD5.0, PWD2.0 and LAP7 probes.
Special function	Elastography.

5. Intended Use [21 CFR 807.92(a) (5)]

The SonoScape S9 system is a general-purpose ultrasonic imaging instrument intended for use by a qualified physician for evaluation of Fetal, Abdominal, Pediatric, Small Organ (breast, testes, thyroid), Cephalic(neonatal and adult), Trans-rectal, Trans-vaginal, Peripheral Vascular, Cerebral Vascular, Musculo-skeletal (Conventional and Superficial), Cardiac (neonatal and adult), Trans-esoph.(Cardiac), Laparoscopic, OB/Gyn and Urology.

6. Comparison with the Predicate Devices [21 CFR 807.92(a) (6)]

S9 Portable Digital Color Doppler Ultrasound System is comparable with and substantially equivalent to the predicate devices:

SonoScape S9 Portable Digital Color Doppler Ultrasound System	K131088
SonoScape S8 Exp Portable Digital Color Doppler Ultrasound System	K132768

SonoScape S30 Digital Color Doppler Ultrasound System	K132527
Philips EPIQ Diagnostic Ultrasound System	K132304
Philips CX50 3.0 Diagnostic Ultrasound System	K123754

Intended Use Comparison:

Compared with SonoScape S30 (K132527), the Subject Device S9 has the same intended uses except for Laparoscopic indication which is comparable and equivalent to the Predicate Device Philips CX50 3.0 (K123754) and Cerebral Vascular indication which is comparable and equivalent to the Predicate Device Philips EPIQ (K132304). The detailed analysis can be found in the probes comparison.

Technical Characteristics Comparison:

The basic and main technical features of the Subject Device S9 are the same as the original SonoScape S9 (K131088), including Design, Operation Controls, Display Modes, Measurement Items, Cine Loop, Power Supply, Operating and Storage Condition and Screen Size. For Operation Modes, Elastography is a special Operation Mode for the Subject Device S9, but already employed by many marketed devices and considered Substantially Equivalent to the Predicate Device Philips EPIQ (K132304) and detailed comparison analysis can be found in ***Substantial Equivalence Comparison***. The detailed technical features can be found in ***General Device Descriptions*** of the submission.

Probes Comparison:

Subject device S9 has the similar probes as the predicated device SonoScape S8 Exp (K132768), SonoScape S30 (K132527), Philips EPIQ (K132304) and Philips CX50 3.0 (K123754).

Table 1 Probes Comparison

Subject device SonoScape S9	Predicate Device SonoScape S8 Exp	Remark
C322 Micro-curved Array C344 Curved Array C353 Curved Array C542 Curved Array	C322 Micro-curved Array C344 Curved Array C353 Curved Array C354 Curved Array C362 Curved Array C542 Curved Array	**Same**
VC6-2 Curved Array	VC6-2 Curved Array	**Same**
C613 Micro-curved Array	C611 Micro-curved Array C311 Micro-curved Array	**SE** Analysis1a)
2P2 Phased Array	2P1 Phased Array	**Same**

3P1 Phased Array 5P2 Phased Array 8P1 Phased Array	2P2 Phased Array 3P1 Phased Array 5P1 Phased Array 5P2 Phased Array 8P1 Phased Array	
L741 Linear Array L742 Linear Array L743 Linear Array L752 Linear Array 10L1 Linear Array	L741 Linear Array L742 Linear Array L743 Linear Array L752 Linear Array 10L1 Linear Array	**Same**
6V1 Micro-curved Array 6V3 Micro-curved Array EC9-5 Micro-curved Array BCC9-5 Micro-curved Array BCL10-5 Biplane (Curved + Linear Array)	6V1 Micro-curved Array 6V3 Micro-curved Array EC9-5 Micro-curved Array BCC9-5 Micro-curved Array BCL10-5 Biplane (Curved + Linear Array)	**Same**
Subject device SonoScape S9	**Predicate Device SonoScape S30**	**Remark**
MPTEE Phased Array (Multi-plane) MPTEE mini Phased Array (Multi-plane)	MPTEE Phased Array (Multi-plane) MPTEE mini Phased Array (Multi-plane)	**Same**
Subject device SonoScape S9	**Predicate Device Philips CX50 3.0**	**Remark**
CWD2.0, 2.0 MHz CWD5.0, 5.0 MHz Continuous Wave Doppler	D2cwc, 2.0 MHz D5cwc, 5.0 MHz Continuous Wave Doppler	**SE** Analysis1b)
LAP7, Linear Array, 10.0-5.0 MHz	L10-4 lap, Linear Array, 10.0-4.0 MHz	
Subject device SonoScape S9	**Predicate Device Philips EPIQ**	**Remark**
PWD2.0, 2.0 MHz Pulsed Wave Doppler	D2tcd, 2.0 MHz Pulsed Wave Doppler	**SE** Analysis1c)

SE Analysis 1:

a) Compared with the predicate device SonoScape S8 Exp (K132768), there is a new probe (C613) for the subject device. And the frequency, performance and clinical application of C613 probe are the same as C611 for predicate device.

b) Compared with the predicate device Philips CX50 3.0 (K123754), the frequency and clinical application of CWD2.0 and CWD5.0 probe is the same as D2cwc and D5cwc cleared for use with predicate device; the clinical application of LAP7 probe is the same

as L10-4 lap cleared for use with predicate device, and though the frequency of them is different, they both meet the clinical use.

c) Compared with the predicate device Philips EPIQ (K132304), the frequency and clinical application of PWD2.0 probe is the same as D2tcd cleared for use with predicate device.

Note: detailed description information about the new probes can be found in ***Substantial Equivalence Comparison***.

Moreover, compared with predicated devices, the subject device (S9) complies with the same regulation and safety standards and has the consistent acoustic output levels. Therefore they can be considered Substantially Equivalent in safety and effectiveness, and no new risk is raised, so the SE is not affected.

7. Non-Clinical Tests [21 CFR 807.92(b) (1)]

The S9 Portable Digital Color Doppler Ultrasound System has been evaluated for electrical, mechanical, thermal and electromagnetic compatibility safety, biocompatibility and acoustic output.

Laboratory tests were conducted to verify that the S9 system met all design specifications and the S9 system conformed to applicable medical device standards.

Phantom test was conducted to verify that the strain Elastography function was effective and Elastography performance met design specifications, including accuracy and repeatability of strainratio measurement and etc.

The S9 system has been designed and manufactured to meet the following standards: IEC 60601-1, IEC 60601-1-2, IEC 60601-2-37, ISO 10993-5, ISO10993-10, UD2, and UD3.

8. Clinical Test [21 CFR 807.92(b) (2)]

No clinical testing was required.

9. Substantially Equivalent Conclusions [21 CFR 807.92(b) (3)]

In accordance with the 21 CFR Part 807 and based on the information provided in this premarket notification, SonoScape Company Limited concludes that S9 Portable Digital Color Doppler Ultrasound System is substantially equivalent to the predicate devices with regard to safety and effectiveness.